

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6167

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Maurice J. Albaugh

3. (b) Social Security Number

none

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced widower
 6.(b) Name of husband or wife Mary Currens Albaugh
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) April 4, 1860
 8. AGE: Years 88 Months 2 Days 12 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick Co., Md.
 (Town, county, and state)
 10. Usual occupation Retired Merchant
 11. Industry or business _____

FATHER 12. Name Isaac A. Albaugh
 13. Birthplace Md.
 MOTHER 14. Maiden name Catherine S. Weller
 15. Birthplace Md.

16. Informant Mrs. Howard C. Creeger
 Address Thurmont, Md.

17. Burial Date thereof June 18, 1948.
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory United Brethren
Thurmont, Md.
 Location _____

18. Funeral director C. O. FUSS & SON
 Address Taneytown, Md.

19. June 17 1948 Blanche S. Eyles
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1948, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____

and that I last saw him dead June 16 1948Immediate cause of death coronary occlusion

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

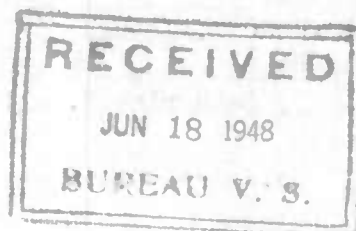
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. W. Barr D. J. EylesAddress Frederick, Md. Date signed 6-16-48



RECEIVED

JUN 18 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6168

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County MontgomeryCity or town Woodfield
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Edward P. Beall

3. (b) Social Security Number

None

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed6. (b) Name of husband or wife Lilly M.

7. Birth date of

deceased (mo., day, yr.)

August 22, 1875

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

72924

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

FATHER

12. Name

George W. Beall

13. Birthplace

Maryland

MOTHER

14. Maiden name

Mary A. Palmer

15. Birthplace

Maryland

16. Informant

Address

17.

(Burial, cremation, or removal, which?)

Date thereof

June 9, 1948
(month) (day) (year)

Cemetery or crematory

Rockville Union Cemetery

Location

Rockville, Maryland

18. Funeral director

Wm. Reuben Plunkett

Address

Bethesda, Maryland

19.

(Date registered by registrar)

19 48Elizabeth G. Heale
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6. 16 19 48 at 11:27 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 and that I last saw h.f. dead on 6. 16 19 48

Immediate cause of death

Brain to thismyocardial infarctionfracture offorearmDue to auto accident

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 6. 3. 48Where did injury occur? Dean Frederick Frederick, Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Route 268Means of injury Auto accident Injured at work? noRight leg23. SIGNATURE P. W. Bar M. D. or otherAddress Frederick, Md Date signed 6. 16. 48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 22 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6169

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
 County Frederick
 City or Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick-Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R. F. D. #4
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME
BABY BITLER JANET LEE

3. (b) Social Security Number
None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced S
 6. (b) Name of husband or wife
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) June 26, 1948
 8. AGE: Years 0 Months 0 Days 0 If less than one day 7 hrs. 32 min.

9. Birthplace Frederick-Frederick-Maryland
 (Town, county, and state)
 10. Usual occupation Infant
 11. Industry or business

FATHER 12. Name Charles Edward Bitler
 13. Birthplace Frederick County Maryland
 MOTHER 14. Maiden name Mary Ellen Tracey
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Mary Ellen Bitler
 Address R. F. D. #4, Frederick, Md.

17. Burial 6/28/48
 (Burial, cremation or removal. When) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 28 June 1948 Elizabeth S. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1948 11:35 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26 1948 to June 26 1948 and that I last saw him June 26 1948 alive on

Immediate cause of death Pneumonia, Toxic
Transfusion

Due to 1 day

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

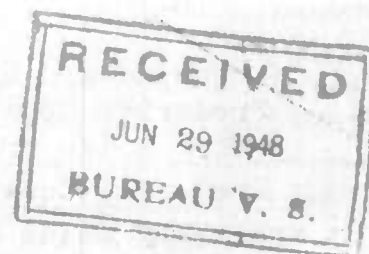
23. SIGNATURE Howard W. Calkins
 M. D. or other
 Address Frederick, Md. Date signed 6-27-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15-

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:

County... *Frederick*
 City or town... *Myersville*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *7 yrs*
 Hospital, institution, or street address where death occurred
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... *Maryland* County... *Frederick*
 City or town... *Myersville*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war... *none*

3. (a) FULL NAME

Lawson Franklin Bittle

3. (b) Social Security Number

none

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Married*
 6. (b) Name of husband or wife *Louie (Wachtel) Bittle*
 7. Birth date of deceased (mo., day, yr.) *September 16, 1874* 6. (c) If alive, give age *72* years
 8. AGE: Years *73* Month *8* Days *23* If less than one day
 hrs. min.

9. Birthplace *Myersville, Fred Co. Md*
(Town, county, and state)10. Usual occupation *Retired*11. Industry or business *Farmer*12. Name *William M. Bittle*13. Birthplace *Md.*14. Maiden name *Catherine Rautzahn*15. Birthplace *Md.*16. Informant *Mrs Louie Bittle*Address *Myersville, Md.*17. *Burial* Date thereof *June 12, 1948*
(Burial, cremation, or removal) (Which?) (month) (day) (year)Cemetery or crematory *St. Pauls Lutheran*Location *Myersville, Md.*18. Funeral director *Paul F. Bittle*Address *Myersville, Md.*19. *6/4/48* 19 *48*
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *June 9* 19 *48* at *8:45 P* M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *1946* to *June 9* 19 *48*and that I last saw him alive on *June 9* 19 *48*Immediate cause of death *Coronary occlusion* DURATIONDue to *Sudden*

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

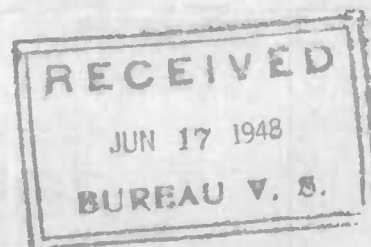
Accident, suicide, or homicide Date of

Where did injury occur? *none*
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *J E Harp MD* M. D. or otherAddress *Middle town* Date signed *6-11-48*



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6171

830

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 mos.
 Hospital, institution, or street address where death occurred:
Frederick Emergency Hospital
 How long in hospital or institution? 7 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Knoxville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Ambrose Lerena Brashers

3. (b) Social Security Number

4. Sex Male 5. Color or race W 6.(a) Single, married, widowed, or divorced Widower
 6.(b) Name of husband or wife Bessie Mae Brashers
 7. Birth date of deceased (mo., day, yr.) May 24 1874
 6.(c) If alive, give age _____ years
 8. AGE: Years 74 Months — Days 17 If less than one day _____ hrs. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1948 at 12:05 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1948 to June 10 1948
 and that I last saw him alive on June 9 1948

Immediate cause of death Cerebral hemorrhage
 DURATION 1 year

9. Birthplace Knoxville, Frederick, Maryland
(Town, county, and state)10. Usual occupation Retired Car Repairman11. Industry or business B.T.O. R.R.12. Name Ambrose Lerena Brashers13. Birthplace Knoxville Maryland14. Maiden name Not Known15. Birthplace Knoxville Maryland16. Informant Mrs. Estelle BrashersAddress Knoxville, Maryland.17. Burial Date thereof June 12, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Reformed CemeteryLocation Knoxville Maryland18. Funeral director C.H. Fute + Son.Address Brunswick Maryland19. 10 June 1948 Elizabeth L. Hech
(Date signed by registrar) Registrar

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Herman Jr M.D.Fred A. Reid M. D. or other _____Address _____ Date signed 6/10/48

B. J. Jr.

RECEIVED

JUN 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since May 27, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. McCardell Apartments

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

EMMA POPE BROWN

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W6. (b) Name of husband or wife Albert S. Brown7. Birth date of deceased (mo., day, yr.) August 8, 1867

6. (c) If alive, give age years

8. AGE:

Years 80Months 10Days 2

If less than one day

..... hrs. min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

FATHER Thomas E. Pope12. Name Frederick County Maryland13. Birthplace Martha M. (last name unknown)MOTHER Frederick County Maryland14. Maiden name Mrs. Mildred B. Lefferts15. Birthplace Arlington, Virginia

16. Informant

BurialDate thereof 6/14/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland17. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 11 June 19 48

(Date filed by registrar)

Elizabeth S. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10th 19 48 at 5:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... to

and that I last saw h. er DEAD June 10th 19 48

Immediate cause of death

Coronary Occlusion

DURATION

Immediate

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

Injured at work?

23. SIGNATURE P. W. Boer Deputy Medical Examiner

M. D. or other

Address Frederick, Maryland Date signed 6-10-48

RECEIVED

JUN 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6173

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Rural - Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Rural - Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

FRANCIS MILTON BRUNNER

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Annie Wilson
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) January 4, 1884
 8. AGE: Years 64 Months 5 Days 5 If less than one day _____ hrs. _____ min.
 9. Birthplace Nr. Shookstown, Frederick County, Md.
 (Town, county, and state)
 10. Usual occupation Carpenter
 11. Industry or business

FATHER 12. Name Edward L. Brunner
 13. Birthplace Frederick County, Maryland
 MOTHER 14. Maiden name Annie Harshman
 15. Birthplace Germany

16. Informant Mr. Charles W. Brunner
 Address R. F. D., Frederick, Maryland

17. Burial June 12, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland
C. E. Cline & Son

18. Funeral director Frederick, Maryland
 Address

19. 10 June 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9th 1948 at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1948 to June 9th 1948
 and that I last saw him alive on June 8th 1948
 Immediate cause of death Coronary disease
 DURATION 3 months 3 years

Due to hypertension
 Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE Fr Heck
 M. D. or other _____
 Address Frederick Date signed June 10th

RECEIVED

JUN 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6174

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
404 Elm Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 404 Elm Street
(If rural, give LOCATION)
2. (a) If veteran, name war None

3. (a) FULL NAME

MARY ROELKE BUCKEY

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife William A. Buckey
6. (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) December 28, 1880
8. AGE: Years 67 Months 5 Days 15 It less than one day _____ hrs. _____ min.

8. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Franklin Chew
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Christine Roelke
15. Birthplace Frederick County Maryland

16. Informant William A. Buckey
Address 404 Elm St., Frederick, Md.

17. Burial 6/26/48
(Burial, cremation, or removal) (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 25 June 1948 Elizabeth G. Hark
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23rd 18. 48 at 11:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ to _____
and that I last saw him or DEAD June 24, 48

Immediate cause of death Coronary Occlusion DURATION Immediate

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE P. W. Baul Deputy Medical Examiner

Address Frederick, Maryland Date signed 6-24-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6175

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Int Pleasant
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 weeks
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Frederick
 City or town Int Pleasant Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Fannie Alice Burrier
 4. Sex Female 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

7. Birth date of deceased (mo., day, yr.) Dec 22 1875
 8. AGE: Years 73 Months 6 Days 7 If less than one day _____ hrs. _____ min.
 6. (b) Name of husband or wife Albert W. Burrier

6. (c) If alive, give age _____ years

9. Birthplace Frederick Co.
 (Town, county, and state)
 10. Usual occupation House Wife
 11. Industry or business _____

12. Name George Linternman
 13. Birthplace Frederick Co.
 14. Maiden name Susan Smith
 15. Birthplace Frederick Co.

16. Informant Harold W. Burrier
 Address Frederick R.F.D. 1

17. Burial Date thereof July 1 1948
 (Burial, cremation, or removal, whichever) (month) (day) (year)

Cemetery or crematory Union Chapel
 Location Libertytown

18. Funeral director E. C. Barton
 Address Walpersville md

19. 30 June 1948 Elizabeth S. Heck
 (Date filed by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1948 at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1948 to June 29 1948 and that I last saw him alive on June 28 1948

Immediate cause of death Heart
 DURATION

Due to Complications

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE E. H. Beall M. D. or other _____
 Address Libertytown, W.D. Date signed June 29/48

RECEIVED

JUL 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, IN UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County FrederickCity or town Rocky Ridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rocky Ridge
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2.(a) If veteran, name war

3. (a) FULL NAME

Catherine Eliza Clem.

3. (b) Social Security Number

no

4. Sex

F

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

widowed6. (b) Name of husband or wife Mr. W. K. Clem7. Birth date of deceased (mo., day, yr.) June 12, 18626. (c) If alive, give age years8. AGE: Years 86 Months Days 5 It less than one day hrs. min.9. Birthplace Rocky Ridge, Fred. Co., Md.
(Town, county, and state)10. Usual occupation Homemaker11. Industry or business 12. Name Ephraim Prance13. Birthplace Maryland14. Maiden name Mary Ann Steller15. Birthplace Maryland16. Informant Grandson, Clem.Address Rocky Ridge, Md.17. Burial Date thereof June 30/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. ZionLocation Rocky Ridge, Md.18. Funeral director M. B. Rodriguez & SonAddress Thurmont, Md.19. June 30 1948 Blanche S. Epler
Date rec'd by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1948 at 9P M21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 25, 1948 to June 27, 1948 and that I last saw him/her alive on June 25, 1948Immediate cause of death Cerebral hemorrhage

DURATION

10 daysDue to arteriosclerosisDue to cardiovascularDue to disease with hypertensionOther conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE W. P. Cadle M. D. or otherAddress Emminkhous Date signed 6-28-48

RECEIVED

JUL 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6177

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital
 How long in hospital or institution? 4 days

3. (a) FULL NAME

Raymond Cooper

4. Sex

Male

5. Color or race

Col.

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 21 1925
 6. (c) If alive, give age 23 years

8. AGE:

Years 22 Months 11 Days 28
 It less than one day hrs. min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

general

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal, which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

19.48

Registrar

Elizabeth H. Hack

Address

Date signed

6.11.48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 27 West 8 St
 (If rural, give LOCATION)

2. (a) If veteran, name war World War 2

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1948 at 7:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 19 1948 to June 19 1948
 and that I last saw him on June 19 1948
 Immediate cause of death laceration of brain DURATION 4 days

Due to 32 Col. Revere
 Due to bullet in brain
 (Cause of eye)

Other conditions None
 (Include pregnancy within 3 months of death)

Major findings of operations None
 Date of op. None

Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Homicide Date of 6.16.48
 Where did injury occur? Frederick, Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Frederick, Md.
 Means of injury 32 Col. Revere Injured at work? No

23. SIGNATURE P. W. Barr Dr. W. H. H. H.
 Address Frederick, Md. Date signed 6.11.48

RECEIVED

JUN 22 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

6178

131

1. PLACE OF DEATH:

County Fredrick Co.
 City or town Fredrick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Fredrick Memorial Hospital
 How long in hospital or institution? June 4, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County Carroll
 City or town Westminster
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 48 E. Green St.
 (If rural, give LOCATION)

2. (a) If veteran, name war.

3. (a) FULL NAME

Mr Emanuel Crouse

3. (b) Social Security Number

213-09-8283

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Mellie Ann Crouse

6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Dec 6, 1882

8. AGE: Years 65 Months 6 Days 3 If less than one day hrs. min.

9. Birthplace Westminster, Carroll Co. Md.
 (Town, county, and state)

10. Usual occupation retired accountant

11. Industry or business Benjamin Franklin Crouse

12. Name Benjamin Franklin Crouse

13. Birthplace Carroll Co. Md.

14. Maiden name Margaret Warner

15. Birthplace Carroll Co.

16. Informant Mrs George Behr

Address Westminster Md.

17. Burial Date thereof June 11, 48
 (Burial, cremation, or removal. When?) (month) (day) (year)

Cemetery or crematory Westminster Cemetery

Location Westminster Md.

18. Funeral director J. E. Myers, Jr.

Address J Westminster Md.

19. 9-June-1948 Registrar Elizabeth L. Hack

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1948 at 3:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7, 1948 to June 8, 1948

and that I last saw him alive on June 8, 1948

Immediate cause of death Hypertensive cardio-vascular disease

Due to arteriosclerosis

Due to unknown

Other conditions asthma

Phlebotomy - at last
 (Include pregnancy within 3 months of death)

Major findings of operations none

Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide none Date of none

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur F. Woodward M.D.

Address 4 E. Church St. Frederick Md. Date signed June 8, 1948

RECEIVED

JUN 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 Years

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 19 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 100 East Second Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

MRS. MARGARET CUTUJIAN

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or Dr. Avac Cutujian6. (c) If alive, give age 88 years7. Birth date of deceased (mo., day, yr.) May 7, 18718. AGE: Years 77 Months 1 Days 12 If less than one day
..... hrs. min.9. Birthplace Kenton, Delaware
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name John W. Graham13. Birthplace Kenton, Delaware14. Maiden name Frances Reynolds15. Birthplace Kenton, Delaware16. Informant Dr. Avac CutujianAddress 100 East Second St., Frederick, Md.17. Cremation Date thereof June 20, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory J. William Lee's CrematoryLocation Washington, D. C.18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 19 June 19 48 Elizabeth G. Hark
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19th 19 48 at 12:10 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 48 to June 18 19 48and that I last saw him alive on June 18 19 48Immediate cause of death Coronary occlusionDue to coronary sclerosisDue to ?Other conditions Bronchitis

(Include pregnancy within 3 months of death)

Major findings of operations 50 yrs.Date of op. ?Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ? Date of ?

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. J. Scholten M. D. or otherAddress 502nd St Date signed 6/19/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 22 1948.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... **Frederick**
 City or town... **Frederick-Rural R. F. D. #3**
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **15 years**Hospital, institution, or street address where death occurred:
Grant Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... **Maryland** County... **Frederick**
 City or town... **Frederick-Rural R. F. D. #3**
 (If outside city or town limits, write RURAL and give nearest town)

Street No. **Grant Street**
(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (a) FULL NAME

HENRY SPEANER BOWERS DEGRANGE

3. (b) Social Security Number

None

4. Sex M	5. Color or race W	6. (a) Single, married, widowed, or divorced M
6. (b) Name of husband or wife... Mary R. Leather		
6. (c) If alive, give age... 76 years		
7. Birth date of deceased (mo., day, yr.) April 22, 1859		
8. AGE: Years 89	Months 1	Days 25 If less than one dayhrs.min.

9. Birthplace... **Nr. Feagaville-Frederick-Maryland**
(Town, county, and state)10. Usual occupation... **Retired Farm Manager**

11. Industry or business

12. Name... **John A. DeGrange**
 13. Birthplace... **Frederick County Maryland**

MOTHER
 14. Maiden name... **Phoebe Michael**
 15. Birthplace... **Frederick County Maryland**

16. Informant... **Earl E. DeGrange**
 Address... **Gainesville, Virginia**

17. Burial Date thereof... **6/18/48**
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory... **Mount Olivet Cemetery**
Frederick, Maryland
 Location...

18. Funeral director... **M. R. Etchison and Son**
 Address... **Frederick, Maryland**

19. **June 1948** Registrar **Elizabeth G. Heide**
 (Date read by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH... **June 17th 1948 at 3:30A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1 1948 to June 17 1948
 and that I last saw him alive on **June 16 1948**

Immediate cause of death

6 cerebral hemorrhage

DURATION

arteriosclerosis **10 years**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. M. Smith M. D.
Frederick, Maryland Date signed **6-17-48**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

I. O. O. F. HomeHow long in hospital or institution? Since August 8, 1934

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)

Street No. I. O. O. F. Home

(If rural, give LOCATION)

2. (a) If veteran, name war

None

3. (a) FULL NAME

ANNIE MARY DIXON

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) August 28, 1864
 6. (c) If alive, give age _____ years

8. AGE: Years 83 Months 9 Days 19
 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Benjamin Dixon
 13. Birthplace Frederick County Maryland

14. Maiden name Mary Greenwald
 15. Birthplace Frederick County Maryland

19. Informant I. O. O. F. Home Records
 Address R.F.D.#1, Frederick, Maryland

17. Burial Date thereof 6/19/48
 (Burial, cremation, or removal of body) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Baltimore, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. June 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1948 at 4:15A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1 1948 to June 17 1948
 and that I last saw her alive on June 16 1948

Immediate cause of death Cerebral hemorrhage DURATION 7 days

Due to arterio sclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

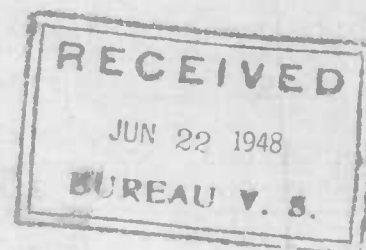
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. M. Smith M. D.

Frederick, Maryland M. D. or other

Address _____ Date signed 6-17-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:

County Frederick
 City or town Woodboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick
 City or town Woodboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Bessie Catharine Dorsey

3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife E. Owen Dorsey6. (c) If alive, give age 65 years7. Birth date of deceased (mo., day, yr.) Feb. 18, 18898. AGE: Years 59 Months 3 Days 27 hrs. _____ min. _____9. Birthplace Frederick Co. Md.
(Town, county, and state)10. Usual occupation House wife11. Industry or business Own home12. Name William A. Shorb13. Birthplace Frederick Co. Md.14. Maiden name Mary Spear15. Birthplace Frederick Co. Md.16. Informant E. Owen DorseyAddress Woodboro, Md.17. Burial Date thereof June 17, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. ZionLocation Woodboro, Md.18. Funeral director Buell & HartylerAddress Woodboro, Md.19. June 16, 1948 L. C. Powell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15, 1948 at 4:15 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 19, 47 to 15 June 1948 and that I last saw him alive on June 15, 1948Immediate cause of death Pulmonary edema acute DURATION 6 hoursDue to Malignant hypertension 3 years
cardiovascular renal disease

Due to _____

Other conditions Cerebrovascular accident 2 weeks
left
(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James H. Stone M.D.Address Waldersville, Md. M. D. or other _____Date signed 15 June 48

RECEIVED

JUN 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County FredrickCity or town Oldfields

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Oldfields

(If outside city or town limits, write RURAL and give nearest town)

Street No. 100

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

William Andrew Ruppins

3. (b) Social Security Number

4. Sex

male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Sarah Mae Ruppins

7. Birth date of deceased (mo., day, yr.)

Mar. 7 - 1880

6. (c) If alive, give age years

8. AGE:

67 Years5 Months28 Days

If less than one day

hrs.

min.

9. Birthplace

Fredrick County, Md

(Town, county, and state)

10. Usual occupation

laborer

11. Industry or business

Farm

MOTHER FATHER

12. Name

Singleton Ruppins

13. Birthplace

Maryland

14. Maiden name

Sarah Richardson

15. Birthplace

Maryland

16. Informant

Sarah M. Ruppins

Address

Oldfields, Md

17. (Burial, cremation, or removal. Which?)

Date thereof

6/7/48

(month) (day) (year)

Cemetery or crematory

Oldfields Cemetery

Location

Oldfields, Maryland

18. Funeral director

W. H. Shuter & Sons

Address

Union Bridge, Md

19.

me 6194Edna S. Bennett

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1948 at 79 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 6 1947 to June 4 1948and that I last saw him alive on 6-1- 1948

Immediate cause of death

DURATION

Chronic Myocarditis

Due to

Arterio Sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

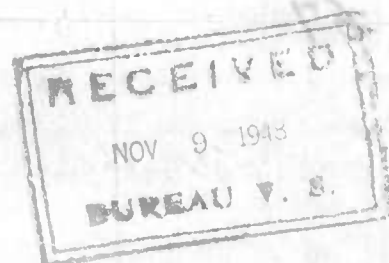
Injured at work?

23. SIGNATURE

J. N. Legg

M. D. or other

Address Union Bridge Date signed 6-5-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Rural - Walkersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Frederick
 City or town Rural Walkersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

George Franklin Euser

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Emma Rosetta Kaufman7. Birth date of deceased (mo., day, yr.) Sept. 2, 18788. AGE: Years 69 Months 9 Days 10 It less than one day _____ hrs. _____ min.9. Birthplace Frederick Co.
(Town, county, and state)10. Usual occupation Lumber laborer

11. Industry or business

12. Name John Euser13. Birthplace Frederick Co.14. Maiden name Lucretia Plenn15. Birthplace Frederick Co.16. Informant Mrs. Paul ButlerAddress Fred. Md.17. Burial Date thereof June 15, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Union CemeteryLocation M. Leivestown18. Funeral director G. B. BartonAddress Walkersville19. 14 June 1948 Elizabeth S. Heck
(Date read by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-12 1948, at 9:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased 6-12 1948 to 6-12 1948 and that I last saw him alive on 6-12 1948Immediate cause of death Cerebral HemorrhageDURATION 4 dayDue to hypertension

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. J. Bourne Jr. M.D. or other _____Address Frederick Md. Date signed 6-14-48

RECEIVED

JUN 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6184

Reg. Dist. No. 144

1. PLACE OF DEATH:

County FrederickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)Street No. -
(If rural, give LOCATION)2.(a) If veteran, name war No

3. (a) FULL NAME

David Frederick Furos

3. (b) Social Security Number

212-14-7039

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Phyllis Grace Hensley

7. Birth date of

deceased (mo., day, yr.)

September 18, 18826. (c) If alive, give age 66 years

8. AGE:

Years

Months

Days

If less than one day

6597

hrs.

min.

9. Birthplace

Thurmont, Frederick Co. Md.
(Town, county, and state)

10. Usual occupation

Grass clerk

11. Industry or business

MOTHER FATHER

12. Name

William Furos

13. Birthplace

Maryland

14. Maiden name

Catherine Wisotzky

15. Birthplace

Maryland

16. Informant

Mrs. David Furos

Address

Thurmont, Md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

June 28, 1948
(month) (day) (year)

Cemetery or crematory

Blue Ridge

Location

Thurmont, Md.

18. Funeral director

M. L. Crager & Son

Address

Thurmont, Md.

19.

June 28, 1948
(Date rec'd by registrar)Blanche L. Eyles
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 25, 1948 at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 25, 1948 to June 25, 1948and that I last saw him alive on June 25, 1948

Immediate cause of death

Cerebral HemorrhageDue to Cerebral Atherosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

James T. GrayM.D.

M. D. or other

Address

Thurmont, Md.Date signed 6/26/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 years
Hospital, institution, or street address where death occurred:
503 East Church Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 503 East Church Street
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

ZELPHIA CHARLOTTE FOX

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced W
6.(b) Name of husband or wife Littleton Fox
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) December 19, 1874
8. AGE: Years 73 Months 5 Days 12 hrs. _____ min.

9. Birthplace Creagerstown-Frederick-Maryland
(Town, county, and state)
10. Usual occupation At Home
11. Industry or business

FATHER 12. Name George Ramsburg
13. Birthplace Frederick County Maryland
MOTHER 14. Maiden name Ellen Holland
15. Birthplace Frederick County Maryland

16. Informant G. Leonard Ramsburg
Address West Patrick St., Frederick, Md.

17. Burial 6/14/48
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory Lutheran Cemetery
Location Creagerstown, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 12 June 19 48 Elizabeth Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11th 19 48 at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 48 19 45 to June 11 19 48 and that I last saw him alive on June 11 19 48

Immediate cause of death Chronic Myocarditis DURATION _____

Due to _____

Due to Chronic Bronchitis
Other conditions Chronic Hypertrophic Atherosclerosis
(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underwrite the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work?

23. SIGNATURE Howard W. Cup MO M. D. or other _____
Address Frederick, Maryland Date signed 6-12-48

MARGIN RESERVED FOR BINDING

I

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED

JUN 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County FrederickCity or town Emmitsburg, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 34 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Emmitsburg, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. 527 West Main Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Sara Agnes Gladhill3. (b) Social Security Number
None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Howard J. Gladhill

7. Birth date of

deceased (mo., day, yr.)

April 26, 1884

8. (c) If alive, give age..... years

8. AGE:

Years

64

Months

1

Days

23

If less than one day

..... hrs. min.

9. Birthplace Emmitsburg, Frederick, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name David Wachter13. Birthplace Frederick, Maryland

MOTHER

14. Maiden name Agnes Topper15. Birthplace Emmitsburg, Maryland16. Informant Mrs. Agnes GleasonAddress Emmitsburg, Maryland17. Burial June 24, 1948

(Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

Cemetery or crematory St. Joseph Catholic CemeteryLocation Emmitsburg, Frederick Co., Md.

18. Funeral director

Address Emmitsburg, Md.19. June 22, 1948
(Date rec'd by registrar)W. F. Shuff
(Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1948 at 12:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1935 to June 21, 1948and that I last saw him alive on June 20, 1948

Immediate cause of death

Uræmia

DURATION

4 days

Due to

Uræmia5 days

Due to

Nephrolithiasisseveral years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. R. Code MD
Emmitsburg, Md. M. D. or otherAddress Emmitsburg, Md. Date signed 6-22-48

RECEIVED

JUL 1 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**
 County.....
 City or town..... **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 5/24/48**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since 5/24/48**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County.....
 City or town..... **Baltimore**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **414 N. Colvin St.**
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... **No**

3. (a) FULL NAME

John Edward Gouker

3. (b) Social Security Number

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Single**
 6. (b) Name of husband or wife.....
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) **September 2, 1882**
 8. AGE: Years **65** Months **9** Days **8** If less than one day
 hrs. min.

9. Birthplace **Reisterstown, Md.**
 (Town, county, and state)
 10. Usual occupation **Yard man**
 11. Industry or business

12. Name **Richard Gouker**
 13. Birthplace **Do not know**
 14. Maiden name **Clementine Lynch**
 15. Birthplace **Do not know**

16. Informant **Deceased**
 Address

17. **Burial** Date thereof **June 18, 1948**
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory **Montevue Cem.**
 Location **Frederick Co. Md.**

18. Funeral director **M. L. Creager & Son**
 Address **Thurmont, Md.**

19. **June 11** 19 **48**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **June 10** 19 **48** at **7:30 PM**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 24 19 **48** to **June 10** 19 **48**
 and that I last saw him alive on **June 10** 19 **48**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **7 Mos.**

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **J. D. Gouker** M. D. or other

Address **State Sanatorium, Md.** Date signed **6/11/48**

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 12 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6188

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick
City or town Thurmont-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 years
Hospital, institution, or street address where death occurred:
Utica
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Thurmont-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
Street No. Utica
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

MARY LOUISE GREENWALD

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced W

6.(b) Name of husband or wife Allen H. Greenwald

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1868

8. AGE: Years 79 Months 10 Days 23 If less than one day hrs. min.

9. Birthplace Walkersville-Frederick-Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Louis P. Scholl

13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Sarah Link

15. Birthplace Frederick County Maryland

16. Informant Mrs. Mildred G. Stitley

Address Trail Ave., Frederick, Maryland

17. Burial Mount Olivet Cemetery
(Burial, cremation, or removal. Which?) Date thereof 6/12/48
(month) (day) (year)

Cemetery or crematory Frederick, Maryland
Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland

Address Frederick, Maryland

19. 11-June 1948 Blanche S. Eyer
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9th 1948 at 11:15P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 40 1940 to June 9 1948

and that I last saw him alive on June 9 1948

Immediate cause of death apoplexy

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Samuel E. Coster Jay M. D.

M. D. or other

Address Walkersville, Maryland Date signed 6-10-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6189

CERTIFICATE OF DEATH

Reg. Dist. No.

145

1. PLACE OF DEATH:

County FrederickCity or town Rural Wolfsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Rural Wolfsville
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war no

3. (a) FULL NAME

Elmer G. Grossnickle

3. (b) Social Security Number

no

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Anna W. Grossnickle

7. Birth date of

deceased (mo., day, yr.)

Oct. 19, 1886

6. (c) If alive, give age

64 years

8. AGE:

Years 61 Months 2 Days 13 hrs. min.

9. Birthplace

Myersville Frederick County Md.
(Town, county, and state)10. Usual occupation Housewife (farmer) D.E.B.

11. Industry or business

12. Name Calah Grossnickle13. Birthplace Myersville, Md.14. Maiden name Charlotte Kinna15. Birthplace Myersville, Md.16. Informant Anna GrossnickleAddress Wolfsville, Md.17. Burial Date thereof 6-4-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Middletown, Md.18. Funeral director Phillips Co.Address Middletown, Md.19. June 5 48 D. E. B. Butt
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 19 48 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 44 19 44 to June 2 19 48and that I last saw him alive on May 22 19 48

Immediate cause of death

Coronary Occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? none (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE E. Harp MdAddress MiddletownDate signed 6-3-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 5 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 250 Carroll Parkway

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

MISS ADDIE V. HABERKORN

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 27, 18868. AGE: Years Months Days It less than one day
61 6 16hrs.min.9. Birthplace Frederick, Frederick County, Md.
(Town, county, and state)10. Usual occupation Retired Clerk

11. Industry or business

12. Name John L. Haberkorn13. Birthplace Frederick, Maryland14. Maiden name Emeline Shuffler15. Birthplace Frederick, Maryland16. Informant Mr. Gary L. UtterbackAddress Frederick, Maryland17. Burial Date thereof June 11, 1948
(Burial, cremation, or removal of remains) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 14 June 19 48 Elizabeth S. Heisk
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12th 19 48 at 8:45 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 19 48 to June 12 19 48and that I last saw her alive on June 12 19 48Immediate cause of death Carcinoma of uterus DURATION 6 months

Due to

Due to

Other conditions Anemia - Hemorrhage

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm M Smith M. D. or otherAddress Frederick Md. Date signed 6-12-48

RECEIVED

JUN 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

6191

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since June 17, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 417 East Potomac Street

(If rural, give LOCATION)

2. (a) If veteran, name war World War I

3. (a) FULL NAME

AMOS B. L. HALLER

3. (b) Social Security Number

705-10-2639

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Katherine Angevine6. (c) If alive, give age 47 years7. Birth date of deceased (mo., day, yr.) September 9, 1893

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>9</u>	<u>21</u> hrs. min.

9. Birthplace Weverton-Washington-Maryland
(Town, county, and state)10. Usual occupation Machinists11. Industry or business Baltimore & Ohio Railroad Co.12. Name Amos B. Haller13. Birthplace Frederick County Maryland14. Maiden name Wesley Anna Rensch15. Birthplace Frederick County Maryland16. Informant Mrs. Katherine HallerAddress 417 E. Potomac St., Brunswick, Md.17. Burial Date thereof 7/3/48
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 2 July 1948 Elizabeth G. Heck
(Date signed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948 at 5⁰⁰ P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 8 1948 to June 30 1948 and that I last saw him alive on June 30 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

22 DaysDue to Arteriosclerosis & hypertension12 yrsDue to Chronic Hepatitis15 yrsOther conditions Chronic Hepatitis
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE A. T. Lovejoy M. D.Address Jefferson Md Date signed 6/30/48

RECEIVED

JUL 6 1948

BUREAU V. S.

Birth date and age added-- MARYLAND STATE DEPARTMENT OF HEALTH
evidence shown on:

2411 N. Charles St., Baltimore

6192

FILE No. G 116 JUN 22 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? 15 Minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 100 West Fourth Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

JACOB CLAYTON HARTMAN

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

S

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

Unknown 1888

8. AGE:

Years

Months

Days

If less than one day

60

7

hrs.

min.

9. Birthplace

Lime Kiln-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER

12. Name

Jacob C. Hartman, Sr.

13. Birthplace

Loudoun County Virginia

MOTHER

14. Maiden name

Alice Virts

15. Birthplace

Frederick County Maryland

16. Informant

Mrs. Lester L. Bartlett

Address

100 W. 4th St., Frederick, Md.

17.

Burial

Date thereof

6/14/48

(Burial, cremation, or other) Which?

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

June 14th

19 48

(Date rec'd by registrar)

Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11th 19 48 at 6:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

9 June 19 48 to 11 June 19 48

and that I last saw him alive on 11 June 19 48

Immediate cause of death

Gastric Remission

DURATION

4 days

Due to Carcinoma of Stomach (?)

6 mos.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles H. Conley, Jr. M.D.

M. D. or other

Address

Frederick, Md

Date signed

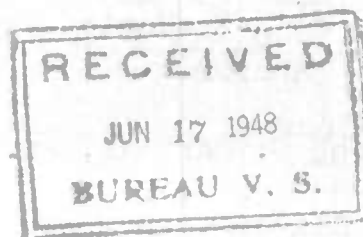
6/14/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1881
609
1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FredrickCity or town Fredrick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Fredrick Memorial Hospital

How long in hospital or institution?

3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)Street No. East Main

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Louaine Kay Humerick

3.(b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

March 10, 1947

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

1222

hrs.

min.

9. Birthplace

Fredrick, Fredrick Co. Md

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal - Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. June 5

1948

Elizabeth G. Heck

(date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 3

1948

at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1

1948

to

June 2

1948

and that I last saw her alive on

June 2

1948

Immediate cause of death

Virus Pneumonia

DURATION

2 days

Due to

Due to

Other conditions

Pernicious anemia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James K. Gray

M. D. or other

Address

Thurmont Md.

Date signed

6/4/48

RECEIVED

JUN 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141 6194

1. PLACE OF DEATH:
County Baltimore
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 38 years
Hospital, institution, or street address where death occurred:
10 West C
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 10 West C St.
(If rural, give LOCATION)
2.(a) if veteran, name war

3. (a) FULL NAME Harry Andrew Isaac

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced married
6.(b) Name of husband or wife Sarah W. Watts
6.(c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) Oct. 1, 1868
8. AGE: Years 79 Months 8 Days 4 If less than one day
hrs. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual occupation B.O.R.R. Conductor Retired.
11. Industry or business

12. Name Andrew Isaac
13. Birthplace Maryland
14. Maiden name Annie Rural
15. Birthplace Maryland

16. Informant Mrs Sarah W. Isaac
Address Brunswick Md.

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof JUNE 8-1948
(month) (day) (year)
Cemetery or crematory Landon Park
Location Baltimore Md.

18. Funeral director C. R. Fitch & Son
Address Brunswick Md.

19. June 9 1948 Kathryn H. Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1948 at 4 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 25 1948 to June 5 1948
and that I last saw him alive on May 25 1948

Immediate cause of death Cerebral Thrombosis DURATION long
Due to
Due to
Other conditions Chronic Disease long
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury injured at work?

23. SIGNATURE [Signature] M. D. or other
Address Brunswick Md. Date signed 6/7/48

MARGIN RESERVED FOR BINDING

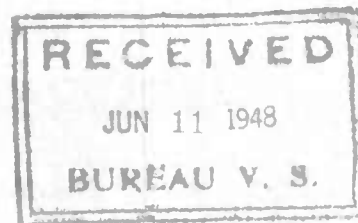
9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1868-8-4

1948-8-5
29-10-1



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6195

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Rural, M. Union Bridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 weeks
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Walkersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Charles Wesley Kreglo

3. (b) Social Security Number

✓

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Mary Frances Bural
 6. (c) If alive, give age 88 years

7. Birth date of deceased (mo., day, yr.) March 13, 1859

8. AGE: Years 89 Months 3 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick Co. Maryland
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jonas Kreglo
 13. Birthplace Pennsylvania

14. Maiden name Mary Root
 15. Birthplace Maryland

18. Informant Mrs. Chas. Buntz
 Address Walkersville

17. Burial Date thereof June 28, 1948
 (Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Farmount
 Location Liberty town

18. Funeral director J. E. Barton
 Address Walkersville, Md.

19. 28 June 48 Elizabeth B. Hawk
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1948 at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1948 to June 26 1948 and that I last saw him alive on June 26 1948

Immediate cause of death Hypertension with Cardio Vascular Disease

Due to _____

Due to _____

Other conditions Fractured Clavicle left
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

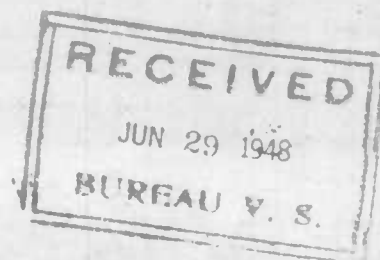
Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of 5/26/48
 Where did injury occur? Rural Union Bridge - Fred. Co. Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Fell out of bed Injured at work? _____

23. SIGNATURE Samuel E. Costuday M. D. or other _____
 Address Walkersville, Md. Date signed June 26, 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6196

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:
137 West South Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 137 West South Street
 (If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

MARY MARGARET KREH

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Charles Kreh

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) January 29, 1867

8. AGE: Years 81 Months 4 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Henry Lerch
 13. Birthplace Germany

MOTHER 14. Maiden name Anna Catharine Ifert
 15. Birthplace Germany

16. Informant Charles H. Kreh
 Address 137 W. South St., Frederick, Md.

17. Burial 6/12/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery
Frederick, Maryland
 Location

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 12 June 1948
 (Date rec'd by registrar) Elizabeth G. Heck
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9th 1948 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1948 to June 9 1948 and that I last saw him alive on June 9 1948

Immediate cause of death Chronic myocarditis DURATION 1.4 years

Due to _____

Due to _____

Other conditions Arterio sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Mans of injury _____ Injured at work? _____

23. SIGNATURE W. M. Smith M. D.

Address Frederick, Maryland Date signed 6-10-48

RECEIVED

JUN 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6197 134

1. PLACE OF DEATH:

County Frederick
 City or town Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? one year
 Hospital, institution, or street address where death occurred:
St. Joseph's Central House, Emmitsburg Md.
 How long in hospital or institution? one year

2. USUAL RESIDENCE (HOME) OF DECEASED: ✓

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

McDonald, Catherine (Sister Plácida)

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 1, 1862
 6. (c) It alive, give age _____ years

8. AGE: Years 86 Months _____ Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Summit Hill, Carbon Co. Penna.
 (Town, county, and state)

10. Usual occupation On duty with Infants

11. Industry or business

FATHER 12. Name Bernard Mc'onald
 13. Birthplace Ireland

MOTHER 14. Maiden name Ellen Bagen
 15. Birthplace Ireland

16. Informant Sister Rosa, Assistant
 Address St. Joseph's Central House, Emmitsburg

17. Burial Date thereof June 25, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Cemetery - St. Joseph's private
 Location Emmitsburg, Maryland

18. Funeral director A. L. Allison
 Address Emmitsburg Md.

19. June 22 1948 V. E. J. Shuff
 (Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1948 at 4:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 18 1948 to June 21 1948 and that I last saw her alive on June 15 1948

Immediate cause of death Carcinoma left breast with ulceration and hemorrhage
 Due to _____
 Due to _____
 Other conditions _____

DURATION

5 years

(Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____
 Injured at work? _____

23. SIGNATURE W. R. Castle md
Emmitsburg Md M. D. or other 8-22-48
 Address _____ Date signed _____

RECEIVED

JUL 1 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since May 28, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick-Rural R. F. D. #3

(If outside city or town limits, write RURAL and give nearest town)

Street No. Wilson Place

(If rural, give LOCATION)

2. (a) If veteran, name war World War I

3. (a) FULL NAME

WILLIAM JOHN MOHAN

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband, or wife Caroline Brickner6. (c) If alive, give age 52 years

7. Birth date of

deceased (mo., day, yr.)

February 10, 1886

8. AGE:

Years

Months

Days

If less than one day

62329

hrs.

min.

9. Birthplace Mahoney City, Pennsylvania

(Town, county, and state)

10. Usual occupation Superintendent11. Industry or business All States Life Insurance Co.12. Name John T. Mohan13. Birthplace Ireland14. Maiden name Elizabeth White O'Brien15. Birthplace Ireland16. Informant Mrs. Caroline B. MohanAddress R.F.D.#3, Frederick, Md.

17. Burial

Date thereof 6/12/48

(Burial, cremation, or removal, when?) (month) (day) (year)

Cemetery or crematory St. Johns CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 11 June 19 48 Elizabeth G. Heck
(Date as'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8th 19 48 at 12:25A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 28 19 48 to June 9 19 48and that I last saw him/her alive on June 9 19 48

Immediate cause of death

Coronary Thrombosis

DURATION

2 weeks

Due to

Due to

Other conditions

Pulmonary Edema

(Include pregnancy within 3 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. Lawrence Zahner

M. D.

M. D. or other

Address Frederick, Maryland Date signed 6-9-48

MARGIN RESERVED FOR BINDING

VS-A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6199

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 Years

Hospital, institution, or street address where death occurred:

6 West Second Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 6 West Second Street
 (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

WILLIAM ALEXANDER MUIR

3. (b) Social Security Number

214-09-0210

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Ruth E. Gisriel

8. (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) June 22, 1904

8. AGE: Years 43 Months 11 Days 9 If less than one day
hrs.min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)

10. Usual occupation Pharmacist

11. Industry or business Peoples Service Drug Stores

12. Name Hugh Muir

13. Birthplace Scotland

14. Maiden name Katherine Craig

15. Birthplace Scotland

16. Informant Mrs. Ruth G. Muir

Address 6 W. 2nd St., Frederick, Md.

17. Burial Burial Date thereof 6/3/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Druid Ridge Cemetery

Location Pikesville, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 1-June 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st, 1948 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

----- to -----

and that I last saw him DEAD June 1st, 1948

Immediate cause of death Coronary occlusion DURATION 1 hr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury None Injured at work?

23. SIGNATURE A. W. Bau Deputy Medical Examiner

Address Frederick, Maryland Date signed 6-1-48

RECEIVED

JUN 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County FredrickCity or town Lewisport
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 yrs
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Lewisport
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

James Franklin Null

3. (b) Social Security Number

no

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Ella Starne6. (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.)

8-25-1874

8. AGE:

Years 73Months 9Days 28

If less than one day

hrs. _____ min. _____

9. Birthplace

Taneytown, Carroll Co., Md.
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

MOTHER FATHER

12. Name

Greenberg Null

13. Birthplace

Taneytown, Md.

14. Maiden name

unknown

15. Birthplace

16. Informant

Mrs. Maurice Moses

Address

Emmitsburg, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof June 25, 1948
(month) (day) (year)

Cemetery or crematory

Lutheran Cemetery

Location

Taneytown, Md.

18. Funeral director

D. B. Cresger & Son

Address

Thurmont, Md.

19. June 25

19 4819 48Blanche S. Eyles
Registrar

(Data rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1948 at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1, 1936 to June 22, 1948and that I last saw him alive on June 22, 1948

Immediate cause of death

Heart disease, chronic, Valvular type

DURATION

12 years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

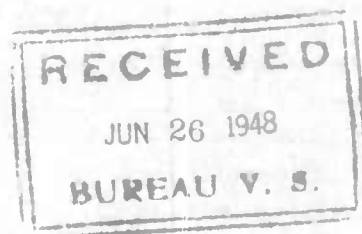
James A. Gray
Thurmont, Md.

M. D. or other

Address _____

Date signed 6/24/48

1948-7-17-55
13-9-28
1844-8-22



EVIDENCE FOR ADDITIONAL
INFO. # 21 IS ON:

FILM No. G 119 MAR 29 1949 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6201

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5-24-48 - 6-8-48, 62y.

Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital

How long in hospital or institution? From 5/24/48 to 6-8-48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 10 East 2nd St
(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME

Mrs Clara M. Murr

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Elmer Roy Murr
(dead) 6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29 1886

8. AGE: Years 62 Months 2 Days 9 If less than one day hrs. min.

9. Birthplace Frederick, Frederick, Md
(Town, county, and state)

10. Usual occupation Housewife & practiced nurse

11. Industry or business practiced nurse

12. Name Dorsey Smith

13. Birthplace Frederick, Md

14. Maiden name Ella Esbensen

15. Birthplace Frederick, Md

16. Informant Melvin Murr

Address Frederick, Md

17. Burial Date thereof June 10, 1948
(Burial, cremation or removal of body) (month) (day) (year)

Cemetery or crematory Mt. Olivet

Location Frederick, Md

18. Funeral director Hany E. Canty Co

Address Frederick, Md.

19. 10 June 1948 Elizabeth G. Heck
(Date signed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1948 at 114 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 1948 to June 8 1948

and that I last saw him alive on June 8 1948

Immediate cause of death Obliterating arteritis

Other conditions due to Gangrene
(3-29-49)

Major findings of operations Obliterating End arteritis

Autopsy results Amputation leg

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide due to Gangrene Date of June 8-48

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE EP Thomas

Address Redent Christ M. D. of other June 5, 48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

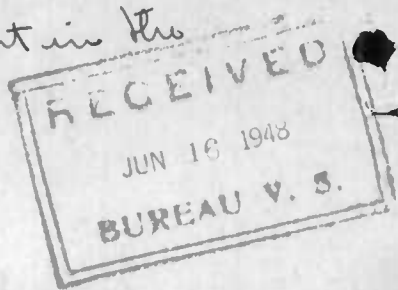
RECEIVED

JUN 16 1948

BUREAU V. S.

Obliterating Endarteritis

Dr Thomas sent in the
Correction.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

I. O. O. F. HomeHow long in hospital or institution? Since May 12, 1935

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2. (a) If veteran, name war None ✓

3. (a) FULL NAME

JOHN OLWINE

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Emma Struth7. Birth date of deceased (mo., day, yr.) October 9, 1855 6. (c) If alive, give age _____ years

8. AGE: Years 92 Months 8 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)10. Usual occupation Retired

11. Industry or business _____

12. Name Augusta H. Olwine13. Birthplace Shewsborg, Pennsylvania14. Maiden name Catherine Detz15. Birthplace Baltimore, Maryland16. Informant I. O. O. F. Home RecordsAddress R. F. D. #1, Frederick, Md.17. Burial Date thereof 6/17/48 (Burial, cremation, or other final disposition) (month) (day) (year)Cemetery or crematory Loudon Park CemeteryLocation Baltimore, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 16 June 1948 Elizabeth B. Hecla Registrar

(Date recd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15, 1948 at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 13, 1948 to June 15, 1948and that I last saw him alive on June 15, 1948Immediate cause of death Cerebral thrombosis DURATION 2 daysDue to arterio sclerosis 10 years

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. M. Smith M. D.Address Frederick, Maryland Date signed 6-16-48

RECEIVED

JUN 22 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6203

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 2/20/48
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 2/20/48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Sabillasville
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war No

3. (a) FULL NAME

Thomas Rankin

3. (b) Social Security Number

705-10-8426

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of ~~DECEASED~~ wife Maude Rankin
7. Birth date of deceased (mo., day, yr.) January 13, 1904 6. (c) If alive, give age 47 years
8. AGE: Years 44 Months 4 Days 20 If less than one day _____ hrs. _____ min.

9. Birthplace Zihlman, Md.
(Town, county, and state)
10. Usual occupation Trimmer in shoe factory
11. Industry or business _____

12. Name James Rankin
13. Birthplace Frostburg, Md.
14. Maiden name Edith McKenzie
15. Birthplace Frostburg, Md.

16. Informant Deceased
Address _____

17. Burial Date thereof June 5, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Blue Ridge Cem.
Location Thurmont, Md.

18. Funeral director M. L. Creager & Son
Address Thurmont, Md.

19. June 3 19 48
(Date rec'd by registrar) Registrar D. B. [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 19 48 at 7:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 20 19 48 to June 2 19 48 and that I last saw him alive on June 2 19 48.

Immediate cause of death Pulmonary Tuberculosis DURATION 9 Yrs.

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 8 months of death)

Major findings of operations _____
Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. D. [Signature]
Address State Sanatorium, Md. Date signed 6/3/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 4 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

6204

930

134

1. PLACE OF DEATH:

County... Frederick CountyCity or town... Emmitsburg, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?... About 16 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... FrederickCity or town... Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mary Jane Redihan, Sister Mary John

3. (b) Social Security Number

None4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Sister of Charity

8.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 17, 1859 6.(c) If alive, give age years8. AGE: Years 88 Months 11 Days 15 If less than one day hrs. min.9. Birthplace... Providence, Rhode Island
(Town, county, and state)10. Usual occupation... Hospital Work

11. Industry or business

12. Name... John Redihan13. Birthplace Leitrim, Ireland14. Maiden name... Maria McGovern15. Birthplace Leitrim, Ireland16. Informant... Sister Isabel, VisitatrixAddress St. Joseph's Central House17. Burial Date thereof... June 3, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... St. Joseph's Cemetery (Private)Location... Emmitsburg, Maryland18. Funeral director... S. L. AllisonAddress Emmitsburg, Md.19. June 23 48 O.M.F. Shuff
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... June 1 48 at 9:10 A.M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 1 48 to June 1 48 and that I last saw him alive on May 31 48Immediate cause of death... arteriosclerotic cardio-vascular disease DURATION several years
senilityDue to...
Due to...
Other conditions

(Include pregnancy within 9 months of death)

Major findings of operations... Date of op.

Autopsy results...
PHYSICIAN: Please underwrite the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... W.R. Cadle M.D. M. D. or otherAddress... Emmitsburg, Md. Date signed... 6-2-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 10 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 years

Hospital, institution, or street address where death occurred:

222 South Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 222 South Market Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

BONNIE KATE REED

3. (b) Social Security Number

None4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M6. (b) Name of husband or wife Charles A. Reed6. (c) If alive, give age 82 years7. Birth date of deceased (mo., day, yr.) July 16, 18748. AGE: Years 73 Months 10 Days 28 If less than one day _____ hrs. _____ min.9. Birthplace Near Sheperdstown, W. Va.
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Dennis M. Daniels13. Birthplace West Virginia14. Maiden name Mary Anna Sperry15. Birthplace West Virginia16. Informant Charles A. ReedAddress 222 S. Market St., Frederick, Md.17. Burial 6/17/48
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 15 June 1948 Elizabeth G. Heck
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15th 1948 at 5:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1 1948 to June 15 1948
and that I last saw him/her alive on June 14 1948

Immediate cause of death

Pemphigus vulgaris

DURATION

6 months

Due to _____

Due to _____

Other conditions Hemiplegia, left 3 years

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Hanna M. D.
M. D. or otherAddress Frederick, Maryland Date signed 6-16-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6205

83d

802

RECEIVED

JUN 22 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH:

County..... Frederick
 City or town..... Rural --Oak Orchard
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 35 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Frederick
 City or town..... Rural --Oak Orchard
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R.D. New Windsor
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Virginia E. Rigler.

3. (b) Social Security Number

4. Sex..... Female 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Married
 6.(b) Name of husband ~~or wife~~..... David Rigler
 6.(c) If alive, give age..... 80 years
 7. Birth date of deceased (mo., day, yr.)..... Feb'y 2, 1870
 8. AGE: Years..... 78 Months..... 4 Days..... 24 It less than one day..... hrs. min.

9. Birthplace..... Carroll Co. Maryland
 (Town, county, and state)
 10. Usual occupation..... Housewife

11. Industry or business

12. Name..... George P. Schluckbier
 13. Birthplace..... Germany
 14. Maiden name..... Annie Elgin
 15. Birthplace..... Germany

16. Informant..... Mr. David Rigler
 Address..... New Windsor, Md.

17. Burial..... Date thereof..... 6-29-48
 (Burial, cremation, or removal, which?)..... (month) (day) (year)
 Cemetery or crematory..... Linganore
 Location..... Unionville, Frederick Co. Md.
 18. Funeral director..... C. M. Waltz
 Address..... Winfield, Md.

19. 6-3841 19. *[Signature]*
 (Date rec'd by registrar)..... Registrar

MEDICAL CERTIFICATION

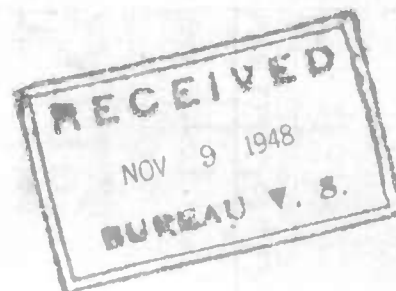
20. DATE OF DEATH..... June 26 19. 48 at 3:30 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 24 19. 48 to June 26, 19. 48
 and that I last saw him alive on June 24 19. 48

Immediate cause of death..... Cerebral vascular accident
 Due to..... Hypertensive cardio-vascular disease
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....

23. SIGNATURE..... *[Signature]* M.D.
 Address..... New Windsor, Md. M. D. or other
 Date signed..... June 26 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

94a

6206

Reg. Dist. No. 138

1. PLACE OF DEATH: Frederick

County..... New Market

City or town..... (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 5 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... New Market

(If outside city or town limits, write RURAL and give nearest town)

Street No..... Rural --Mt. Airy

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

FENTON RINKER

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife..... Sarah E. Rinker

6. (c) If alive, give age..... 78 years

7. Birth date of deceased (mo., day, yr.)..... Aug. 3, 1869

8. AGE: Years..... 78 Months..... 10 Days..... 1 If less than one day..... hrs. min.

9. Birthplace..... Leesburg, Virginia

(Town, county, and state)

10. Usual occupation..... Retired farmer

11. Industry or business

Charles W. Rinker

12. Name

Virginia

13. Birthplace

Annie E. Hanvy

14. Maiden name

England

15. Birthplace

Mrs. Sarah E. Rinker

16. Informant

Mt. Airy, Md.

Address

Burial

Date thereof..... 6-7-48

(Burial, cremation, or removal, where?) (month) (day) (year)

Cemetery or crematory..... Pine Grove

Location..... Mt. Airy, Carroll Co. Md.

18. Funeral director

C. M. Waltz

Address

Winfield, Md.

19. June 6 48 Lucian H. Falconer

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 4, 1948 at 9:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 30 1948 to June 4 1948

and that I last saw him alive on June 4 1948

Immediate cause of death

Coronary thrombosis

DURATION

5 days

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE.....

Ernest P. Raab, M.D.

M. D. or other

Address..... New Market, Md. Date signed June 6, 1948

RECEIVED

JUL 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

6207

131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 years

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 245 Dill Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME

MRS. EUNICE M. SCHMITT

3.(b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Rev. J. H. Schmitt6.(c) If alive, give age 60 years7. Birth date of deceased (mo., day, yr.) December 8, 18848. AGE: Years 63 Months 6 Days 8 It less than one day hrs. min.9. Birthplace Middlebourne, Tyler Co., W. Va.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Rev. William D. Barger13. Birthplace Petersburg, W. Va.14. Maiden name Laura B. Smith15. Birthplace Middlebourne, W. Va.16. Informant Rev. J. H. SchmittAddress 245 Dill Ave., Frederick, Md.17. Burial Date thereof June 18, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 17 June 19 48 Elizabeth L. Heck

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15th 19 48 at 2:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 24 19 48 to June 15 19 48 and that I last saw him alive on June 15 19 48Immediate cause of death Myocardial Decompensation
Pneumonia
Cardiovascular Renal Union

DURATION

3 monthsDue to 3 years

Due to

Other conditions Diabetes Mellitus 10 years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Lawrence Fahney M.D.

M. D. or other

Address Frederick MdDate signed 6-17-48

MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 22 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6208

Reg. Dist. No. 132

1. PLACE OF DEATH:

County Frederick
 City or town Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 83 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Lannie M. Shaw

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widow

6. (b) Name of husband

Benjamin Shaw

7. Birth date of

deceased (mo., day, yr.)

Feb. 24, 1865

6. (c) If alive, give age

_____ years

8. AGE:

Years

Months

Days

If less than one day

83324

hrs.

min.

9. Birthplace

Middletown, Frederick C., Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER
MOTHER

12. Name

John Snook

13. Birthplace

Middletown

14. Maiden name

Unknown

15. Birthplace

16. Informant

Ralph Sigler

Address

Middletown, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

June 21, 1948
(month) (day) (year)

Cemetery or crematory

Lutheran Cemetery

Location

Middletown, Md.

18. Funeral director

Gladhill Co.

Address

Middletown, Md.

19. Date rec'd by registrar

June 21, 1948Marie Gladhill

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 19 48 at 10:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 47 to June 18 19 48and that I last saw him alive on June 18 19 48

Immediate cause of death

Carcinoma of Rectum

DURATION

2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide _____ Date of _____

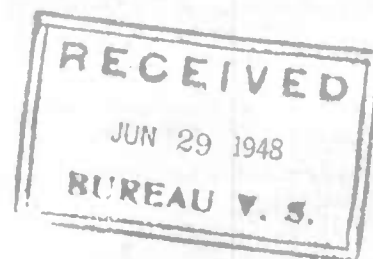
Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

J. E. Harp M.D. or other
Middletown Address Date signed 6-19-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

6209

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since April 28, 1948
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since April 28, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 916 E. Biddle
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Louis Treff

3. (b) Social Security Number

215-05-2926

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced

6.(b) Name of husband or wife _____ 6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 16, 1904

8. AGE: Years 44 Months 1 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)

10. Usual occupation Clerk

11. Industry or business _____

12. Name Gotthardt Treff

13. Birthplace Baltimore, Md.

14. Maiden name Mary Wagner

15. Birthplace Baltimore, Md.

16. Informant Deceased

Address _____

17. Burial Date thereof June 23, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Parkwood Cem.

Location Baltimore, Md.

18. Funeral director Dr. L. Creager & Son.

Address Thurmont, Md.

19. June 21 19 48
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 19 48 at 9:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 28 19 48 to June 21 19 48 and that I last saw him alive on June 21 19 48

Immediate cause of death Pulmonary Tuberculosis DURATION 14 Mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. D. Lynn M. D. XXXX

Address State Sanatorium, Md. Date signed 6/21/48

RECEIVED

JUN 23 1948

BUREAU V. S.

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH

shown on:

2411 N. Charles St., Baltimore

6210

No. G 116 JUL 22 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County *Brunswick*City or town *Brunswick*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

315 East D

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Brunswick*City or town *Brunswick*
(If outside city or town limits, write RURAL and give nearest town)Street No. *315 East D*

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Emma Willard Utterback

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

William W. Utterback

7. Birth date of deceased (mo., day, yr.)

Oct 1

6. (c) If alive, give age years

1872

8. AGE:

Years

Months

Days

If less than one day

*75 7/8**8**3*

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

FATHER

12. Name

John E. Thomas

13. Birthplace

Maryland

MOTHER

14. Maiden name

Martha G. Utterback

15. Birthplace

Maryland

16. Informant

Blacks Virginia Stejs

Address

Brunswick Md.

17.

(Burial, cremation, or removal Which?)

Date thereof

June 9, 1948
(month) (day) (year)

Cemetery or crematory

Brunswick

Location

Brunswick Md.

18. Funeral director

C. H. Fite & Bro

Address

Brunswick Md.

19.

*June 7**1948**Kathryn H. Brown*

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *June 4* 19 *48* at *3:57* PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 20 19 *47* to *June 4* 19 *48*and that I last saw him alive on *June 3* 19 *48*

Immediate cause of death

DURATION

Scholar Heart Disease

Due to

Due to

Other conditions

High blood pressure

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Blacks Virginia Stejs

M. D. or other

Address *Brunswick Md.* Date signed *6/4/48*

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Point of Rocks
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Point of Rocks
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

None

3. (a) FULL NAME

DELLA OLIVIA VIRTIS

3. (b) Social Security Number

None4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W6. (b) Name of husband or wife Marshall L. Virts7. Birth date of deceased (mo., day, yr.) August 28, 1864 5. (c) If alive, give age _____ years8. AGE: Years 83 Months 9 Days 26 If less than one day _____ hrs. _____ min.9. Birthplace Feagaville-Frederick-Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business _____

12. Name Daniel J. Shellman
13. Birthplace Frederick County Maryland14. Maiden name Charlotte Zimmerman
15. Birthplace Frederick County Maryland16. Informant Walter J. Virts
Address Point of Rocks, Maryland17. Burial Mount Olivet Cemetery Date thereof 6/28/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Frederick, Maryland
Location M. R. Etchison and Son18. Funeral director Frederick, Maryland
Address _____19. 26 June 1948 Elizabeth G. Heisk
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24th 1948, at 7:10 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 16 1948 to June 24 1948
and that I last saw him alive on June 24 1948

Immediate cause of death

He had chronic +
hypertension
Advanced ArteriosclerosisDue to SenilityDue to Chronic Cholecystitis
(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?) _____

Manner of injury _____ Injured at work? _____

23. SIGNATURE A. L. Lachar M. D. or other _____Address Jefferson, Maryland Date signed 6-25-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 28 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6212

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Doubsick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Doubs
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

DAISY MYRTLE WALTER

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife Albert W. Walter

6.(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) December 2, 1877

8. AGE: Years 70 Months 6 Days 22 It less than one day _____ hrs. _____ min.

9. Birthplace Milltown-Loudoun-Virginia
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER 12. Name Christian F. Crim
13. Birthplace Loudoun County Virginia

MOTHER 14. Maiden name Mary C. Shoemaker
15. Birthplace Loudoun County Virginia

18. Informant Albert W. Walter
Address Doubs, Maryland

17. Burial Date thereof 6/26/48
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 25 June 48 Elizabeth H. Hark
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24th 1948 at 5:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____

and that I last saw him er DEAD June 24, 19 48

Immediate cause of death _____ DURATION immediate
Coronary Occlusion

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____
N. W. Bow Deputy Medical Examiner

23. SIGNATURE _____ M. D. or other
Address Frederick, Maryland Date signed 6-24-48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 26 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6213

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #4
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years
 Hospital, institution, or street address where death occurred:
Near Carrollton Manor
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #4
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Carrollton Manor
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war

3. (a) FULL NAME

CLAUDE WALTER WEEDON

3. (b) Social Security Number

None

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced M
 6. (b) Name of husband or wife Florence Herbert
 7. Birth date of deceased (mo., day, yr.) (Unknown) 1900? 6. (c) If alive, give age ? years
 8. AGE: Years 48 ? Months ? Days ? If less than one day ? hrs. ? min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)
 10. Usual occupation Farm Laborer

11. Industry or business

FATHER 12. Name Henry Weedon
 13. Birthplace Frederick County Maryland
 MOTHER 14. Maiden name Marandy Lyer
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Florence Weedon
 Address R. F. D. #4, Frederick, Maryland

17. Burial 6/13/48
 (Burial, cremation, or removal. When?) (month) (day) (year)
 Cemetery or crematory Sunnyside Cemetery
 Location R. F. D. #4, Frederick, Md.

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 12 June 1948 Elizabeth H. Heck
 (Date signed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1948 at 9:30 p. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20 1948 to June 10 1948
 and that I last saw him alive on June 8 1948

Immediate cause of death Uremia
Ascites
Carcinoma Liver
 Due to ?
 Due to ?

Other conditions ?
 (Include pregnancy within 3 months of death)

Major findings of operations ? Date of op. ?
 Autopsy results ?
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide ? Date of ?
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury ? Injured at work?

23. SIGNATURE R. L. Stewart Bruce M. D.
Jefferson W. H. M. D. or other
 Address ? Date signed 6/11/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. ✓

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

942

6214

Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Lime Kiln
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Near Lime Kiln

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Doubs
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

None

2.(a) If veteran, name war _____

3. (a) FULL NAME

HERMAN CLEVELAND WHITTER

3. (b) Social Security Number

215-14-1504

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Amy Zimmerman6. (c) If alive, give age 60 years7. Birth date of deceased (mo., day, yr.) November 7, 1892

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>6</u>	<u>25</u>	_____ hrs. _____ min.

9. Birthplace Frederick County Maryland
(Town, county, and state)10. Usual occupation Track Man11. Industry or business B & O Railroad Co.12. Name Marion Francis Whitter13. Birthplace Frederick County Maryland14. Maiden name Margaret Ann Stewart15. Birthplace Frederick County Maryland16. Informant Mrs. Amy WhitterAddress Doubs, Maryland11. Burial Date thereof 6/5/48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 3 June 1948 Elizabeth H. Heck

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2nd, 1948, at 1 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6:55 to 10:40and that I last saw him in DEAD June 2nd 1948Immediate cause of death Coronary OcclusionDURATION immediate

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE P. W. Boer Deputy Medical Examiner

M. D. or other _____

Address Frederick, Maryland Date signed 6-2-48

RECEIVED

JUN 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. ~~Correct~~ age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6215

93d

FILM No. G 116 JUN 22 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days

Hospital, institution, or street address where death occurred:

25 East Patump St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa County Huntington

City or town Alexandria
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Bessie Clay Anders Willard

3. (b) Social Security Number _____

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Charles Willard(Dead)

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Sept 30 1883

8. AGE: Years 64 Months 63 Days 6 If less than one day 14 hrs. _____ min.

9. Birthplace Frederick Co., Md
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name Charles C. Anders13. Birthplace Frederick Co., Md14. Maiden name Lillian Frazier15. Birthplace Frederick, Md16. Informant Jesse B AndersAddress Frederick, Md.

17. Burial Date thereof 6/16/48
(Burial, cremation, or other treatment) (month) (day) (year)

Cemetery or crematory ElmwoodLocation Shepardstown, W. Va18. Funeral director Harry E. Garty, CoAddress Frederick, Md.

19. 14 June 1948 Elizabeth G Heck.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1948, at 1:40 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 14 1948, to June 14 1948and that I last saw him alive on June 14 1948

Immediate cause of death

Acute, left ventricular failure

DURATION

Due to

Arteriosclerotic cardio vascular disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Arthur F. W. Radward, M.D.

M. D. or other

Address 4 E Church St, Frederick, Md. Date signed June 14, 1948

RECEIVED

JUN 17 1948

BUREAU V. S.

RECEIVED

JUN 17 1948

BUREAU V. S.